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CONFIRMATION NO. 7176

Bib Data Sheet

SERIAL NUMBER 10/727,732	FILING DATE 12/04/2003  RULE	CLASS 137	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. 0237.045
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## APPLICANTS

Bo Andersson, Cambridge, NY;

\*\* CONTINUING DATA \*\*\*\*\* *Nine (9)*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Nine (9)*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	NY	2	6	2
Verified and Acknowledged	<i>C. Andersson</i> <i>(9)</i> Examiner's Signature Initials				

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## TITLE

Ball check valve

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
RECEIVED 770		